

BOARD OF COMMUNITY HEALTH  
September 14, 2006

The Board of Community Health held its regularly scheduled meeting in the Floyd Room, 20<sup>th</sup> Floor, West Tower, Twin Towers Building, 200 Piedmont Avenue, Atlanta, Georgia. Board members attending were Richard Holmes, Chairman; Ross Mason, Vice Chairman; Mark Oshnock, Secretary; Bruce Cook; Mary Covington; Inman C. "Buddy" English, M.D.; Kim Gay; and Robert A. Lipson, M.D. Commissioner Rhonda Medows was also present. (A List of Attendees and Agenda are attached hereto and made official parts of these Minutes as Attachments # 1 and # 2).

Mr. Holmes called the meeting to order at 12.05 p.m. The Minutes of the August 24, 2006 meeting were UNANIMOUSLY APPROVED AND ADOPTED.

Mr. Holmes began his opening comments. He introduced and welcomed new board member Bruce Cook. Mr. Cook is founder and chief executive officer of Choosing the Best Publishing. He previously served as chairman of the Board of Human Resources.

Mr. Holmes reviewed the agenda and asked board members to review the DCH website and look at the CMO dashboard Dr. Medows brought to the board's attention. Mr. Holmes said he thought the dashboard provides very valuable information and answers a lot of the questions relative to changes to the CMOs and gives an idea of the level of symmetrics relative to efficiency in terms of processing claims and issues the board has received comment and concerns on. He said the dashboard gives overall statistics, statistics by types of claims, and statistics by individual providers. He encouraged the board to review the dashboard and provide feedback on the information and any modifications needed.

Mr. Holmes called on Charemon Grant, General Counsel, to discuss proposed changes to Certificate of Need Rules, specifically, Psychiatric and Substance Abuse Inpatient Programs, Traumatic Brain Injury Facilities, Comprehensive Inpatient Physical Rehabilitation and the Long Term Care Hospital Rules.

Ms. Grant gave an overview of the process. The Health Strategies Council, which is comprised of 27 members, is statutorily charged to develop the Georgia State Health Plan. Under these auspices the Health Strategies Council convenes several technical advisory committees (TACS) to focus on these issues. The TACS are composed of clinicians and people with other health related backgrounds. Through the TAC process, the public has had an opportunity to comment on these changes several times. On August 18, the Health Strategies Council voted to approve the rules with the caveat that an ad hoc committee would be convened to review indigent and charity care commitments specified in the rules.

Ms. Grant said the rationale for the proposed changes is to update the rules to ensure that these rules are aligned with other service specific rules, clarify definitions and redefine the need methodology. For discussion purposes Ms. Grant divided the rules into three sections. The first section is the applicability section which outlines when a CON is required for the services specified. Section 2 is the definition section to properly order, add and clarify definitions utilized throughout the rule. Section 3 is the review standards to set forth a need methodology. She began with an overview of Rule 111-2-2-.26. Changes include documentation that is required to demonstrate need and in those cases of service expansions, the occupancy rate that is required to demonstrate need for expansion; defining adverse impact; clarifying bed size; providing accreditation standards that a new and existing program must meet; licensure rules of the Department of Human Resources (DHR); demonstration of lack of uncorrected deficiencies as documented by DHR; documentation that the applicants have no uncorrected history of conditional level Medicare and Medicaid certification deficiencies in the past three years; certain quality standards that have to be met; referral arrangement that the program has to have with an acute care hospital; and the requirement that the programs must submit statistical data to the Department on a yearly basis to help assess the needs of the State.

Ms. Grant continued with Rule 111-2-2-.34 Traumatic Brain Injury Services. She said the major changes in this rule are reflecting the need methodology in the rule instead of capturing it in the state component plan and requiring applicants to demonstrate financial accessibility by providing an indigent and charity care commitment of at least three percent and documenting the applicant's policy on charity and bad debt.

Ms. Grant said the changes to Rule 111-2-2-.35 Comprehensive Inpatient Physical Rehabilitation Services reflect the language of the other rules in terms of structure and modify

the need methodology for pediatric and adult programs. Additionally, providers are required to submit data on services provided to the Department.

Ms. Grant stated that Rule 111-2-2-.36 Long Term Care Hospitals is a fairly new rule based on the fact that the Department saw a proliferation of applications from freestanding long term care hospitals, and as such, felt the need to have a service specific rule in place. Section two of this rule has been stricken in its entirety and replaced with a statute to reflect those terms that are used throughout the rules. Section three, the review standards, sets forth the actual standards for instances when the Department can grant an exception and most of the requirements set forth in the above mentioned rules. After addressing a question from the board, Ms. Grant concluded her overview.

Dr. Lipson MADE a MOTION to approve for initial adoption Certificate of Need Rules Chapter 111-2-2-.26, .34, .35 and .36 to be published for public comment. Ms. Covington SECONDED the MOTION. Mr. Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (Copies of Rules 111-2-2-.26, .34, .35 and .36 are attached hereto and made official parts of these Minutes as Attachments # 3, 4, 5 and 6).

Ms. Grant presented to the Board for final adoption changes to State Health Benefit Plan Chapter 111-4-1-.02 and Chapter 111-4-1-.07. The rules were initially adopted at the July 13, 2006 board meeting. A public hearing was held on August 31. To date the Department has received no comments regarding these rules. Ms. Grant said major changes to Rule 111-4-1-.02 speaks to the tobacco surcharge if SHBP members have used tobacco products in the last 12 months. In addition a subscriber may be charged a spousal surcharge in an amount approved by the board if the subscriber elects to cover their spouse, although the spouse has access to coverage with another employer. Also, if an employer fails to remit employer/employee contributions the Commissioner has the right to terminate that coverage. Ms. Gay MADE a MOTION to approve Rules 111-4-1-.02 and 111-4-1-.07 for final adoption. Ms. Covington SECONDED the MOTION. Mr. Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (Copies of Rules 111-4-1-.02 and 111-4-1-.07 are attached hereto and made official parts of these Minutes as Attachments # 7 and 8).

Mr. Holmes moved on to new business. He said he has been talking with members about changing the Board of Community Health meeting time. He said the board will have to vote initially on the agreed upon time and have a second meeting for a final vote on that change. He said he plans to contact each member individually to ascertain a good meeting time, making sure this new time works for all board members as well as the Department.

There being no further business to be brought before the Board at the meeting Mr. Holmes adjourned the meeting at 12:27 p.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 2006.

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RICHARD L. HOLMES  
Chairman

ATTEST TO:

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MARK D. OSHNOCK  
Secretary

Official Attachments:

- #1 List of attendees
- #2 Agenda
- #3 CON Rules 111-2-2-.26
- #4 CON Rules 111-2-2-.34
- #5 CON Rules 111-2-2-.35
- #6 CON Rules 111-2-2-.36
- #7 SHBP Rules 111-4-1-.02
- #8 SHB P Rules 111-4-1-.07